

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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AND  
FILED

1997 AUG -1 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K04009

1. Corporation Name

PRECISION COLLISION INC

Principal Place of Business

Mailing Address

1523 LAKEVIEW RD

CLEARWATER

1523 LAKEVIEW RD

1523 LAKEVIEW RD

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

CLEARWATER FL

CLEARWATER FL

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

34616

FLORIDA

34616

FLORIDA

9. Name and Address of Current Registered Agent

Ronald Auguste  
1523 LAKEVIEW RD  
CLEARWATER FL 34616

81 Name  
RONALD AUGUSTO  
82 Street Address (P.O. Box Number is Not Acceptable)  
1523 LAKEVIEW RD  
83  
84 City  
CLEARWATER FL  
85 Zip Code  
34616

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE RONALD AUGUSTO

Ronald Auguste

Signature typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RONALD AUGUSTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/97 (813) 536-0557

CR2E034 (9/96)

②

Memo

From the Desk of

RONALD AUGUSTO

7-29-97

DEAR SIR,

I WOULD LIKE TO REQUEST  
A ABATEMENT OF THE PENALTY FOR  
FILING THIS RETURN LATE. AS  
YOU CAN SEE I HAVE MOVED MY  
CORP. AND THE POST OFFICE DID NOT  
FORWARD ALL MY MAIL. I HAVE  
ALSO FOUND OUT THAT SOME OF MY  
MAIL (REGISTER) WAS NOT FORWARDED  
TO ME. AND HAD TO TRY TO HAVE  
SOME PENALTIES ABATED.

THANK IN ADVANCE FOR  
YOUR HELP. Ronald Augusto